

Fill in this information to identify the case:

Debtor R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 22-40856-btr

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

Donna L. Cowart

504 Stableford Street

Celina TX 75009

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$8,010.25

\$8,010.25

2.2 Priority creditor's name and mailing address

Emely Robinson

4703 Osage Court

Arlington TX 76018

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$2,080.20

\$2,080.20

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

<p>2.3 Priority creditor's name and mailing address</p> <p><u>Georgina Formacion</u></p> <p><u>3509 Beech Street</u></p> <p><u>Rowlett TX 75089</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$3,043.06</u></p> <p><u>\$3,043.06</u></p>
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<p>2.4 Priority creditor's name and mailing address</p> <p><u>Gordon Jenkins</u></p> <p><u>1805 Leo Drive</u></p> <p><u>Van Alstyne TX 75495</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$4,330.39</u></p> <p><u>\$4,330.39</u></p>
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<p>2.5 Priority creditor's name and mailing address</p> <p><u>Janetta Serano</u></p> <p><u>5555 Amesbury Drive</u></p> <p><u>Apt 1107</u></p> <p><u>Dallas TX 75206</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,296.65</u></p> <p><u>\$2,296.65</u></p>
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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

<p>2.6 Priority creditor's name and mailing address</p> <p><u>Lindsay Williams</u></p> <p><u>4208 County Road 2008</u></p> <p><u>Glen Rose TX 76043</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,568.62</u></p> <p><u>\$2,568.62</u></p>
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<p>2.7 Priority creditor's name and mailing address</p> <p><u>Marivic Jacobs</u></p> <p><u>8104 Whitney Lane</u></p> <p><u>Fort Worth TX 76120</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$3,120.66</u></p> <p><u>\$3,120.66</u></p>
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<p>2.8 Priority creditor's name and mailing address</p> <p><u>Nancy Rivera</u></p> <p><u>3733 Lisa Lane</u></p> <p><u>Mesquite TX 75150</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1,599.28</u></p> <p><u>\$1,599.28</u></p>
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Part 1: Additional Page

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Total claim Priority amount

<p>2.9 Priority creditor's name and mailing address</p> <p><u>Paul Alan</u></p> <p><u>7406 Hanover Court</u></p> <p><u>Granbury TX 76049</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1,187.50</u></p> <p><u>\$1,187.50</u></p>
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<p>2.10 Priority creditor's name and mailing address</p> <p><u>Saira Jamal</u></p> <p><u>1806 Green Leaf Cove</u></p> <p><u>South Lake TX 76092</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$4,104.74</u></p> <p><u>\$4,104.74</u></p>
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<p>2.11 Priority creditor's name and mailing address</p> <p><u>Stormmy Mitchell</u></p> <p><u>2525 W Pleasant Run Road</u></p> <p><u>Apt 7M</u></p> <p><u>Lancaster TX 75146</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,130.30</u></p> <p><u>\$2,130.30</u></p>
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div>	Nonpriority creditor's name and mailing address <u>AP Imaging LLC</u> <u>PO Box 10866</u> <u>Burbank</u> <u>CA</u> <u>91510</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$591.63</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div>	Nonpriority creditor's name and mailing address <u>Arden Place of Grapevine</u> <u>1500 Autumn Drive</u> <u>Grapevine</u> <u>TX</u> <u>76051</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,101.77</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div>	Nonpriority creditor's name and mailing address <u>BioSTAT</u> <u>PO Box 1749</u> <u>Addison</u> <u>TX</u> <u>75001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$312.04</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div>	Nonpriority creditor's name and mailing address <u>CAP - Palmetto GBA</u> <u>PO Box 100238</u> <u>Columbia</u> <u>SC</u> <u>29202</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$126,343.00</u>

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Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.5</div>	Nonpriority creditor's name and mailing address <u>Cap Doctor Associates</u> <u>Attn: Matthew Gordon</u> <u>5295 Cameron Forest Pkwy</u> <u>Johns Creek</u> <u>GA</u> <u>30022</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.6</div>	Nonpriority creditor's name and mailing address <u>CareFlite</u> <u>3110 S. Great Southwest Parkway</u> <u>Grand Prairie</u> <u>TX</u> <u>75052</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,140.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.7</div>	Nonpriority creditor's name and mailing address <u>CareNow</u> <u>PO Box 743571</u> <u>Atlanta</u> <u>GA</u> <u>30374-3571</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$595.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.8</div>	Nonpriority creditor's name and mailing address <u>Central Messagin</u> <u>10333 Harwin Drive, Suite 245</u> <u>Houston</u> <u>TX</u> <u>77036</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$471.53</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>Chase Credit Card</u> <u>Cardmember Services</u> <u>P O Box 94014</u> <u>Palatine</u> <u>IL</u> <u>60094-4014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,906.46</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>Constantiam Ltd.</u> <u>Mercy Staffing</u> <u>PO Box 1000, Dept. 0064</u> <u>Memphis</u> <u>TN</u> <u>38148</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,881.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>CVS Caremark</u> <u>PO Box 847830</u> <u>Dallas</u> <u>TX</u> <u>75284-7830</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$141.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>Duncanville Healthcare & Rehab</u> <u>419 S. Cockrell Hill Rd.</u> <u>Duncanville</u> <u>TX</u> <u>75116</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$488.26</u>

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Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div>	Nonpriority creditor's name and mailing address <u>Effie Smillie</u> <u>3044 Rosina</u> <u>Grand Prairie TX 75054</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div>	Nonpriority creditor's name and mailing address <u>EHO</u> <u>PO Box 360</u> <u>Belton TX 76513</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,571.40</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div>	Nonpriority creditor's name and mailing address <u>Eli Agbotui</u> <u>3044 Rosina</u> <u>Grand Prairie TX 75054</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$118,038.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div>	Nonpriority creditor's name and mailing address <u>Emerald Hills Rehab and Healthcare</u> <u>5600 David Blvd.</u> <u>North Richland Hills TX 76180</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,584.37</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.17</div>	Nonpriority creditor's name and mailing address Estates Healthcare and Rehab Center 201 Sycamore School Rd. Fort Worth TX 76134 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,400.90
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.18</div>	Nonpriority creditor's name and mailing address Granbury - Flex, LLC POBox 2492 Midland TX 79702 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.19</div>	Nonpriority creditor's name and mailing address HMS PO Box 952366 St. Louis MO 63195 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,416.38
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.20</div>	Nonpriority creditor's name and mailing address Hospice Cloud 7501 Esters Blvd., Suite 100 Irving TX 75063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.20

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Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.21</div>	Nonpriority creditor's name and mailing address <u>Hospice Source LLC</u> <u>PO Box 219168</u> <u>Kansas City</u> <u>MO</u> <u>64121</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,743.40</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.22</div>	Nonpriority creditor's name and mailing address <u>Knight CPA</u> <u>8700 Menchaca, Suite 403</u> <u>Austin</u> <u>TX</u> <u>78748</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.23</div>	Nonpriority creditor's name and mailing address <u>Labor Law Center, LLC</u> <u>3501 West Garry Avenue</u> <u>Santa Ana</u> <u>CA</u> <u>92704-6422</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37.85</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.24</div>	Nonpriority creditor's name and mailing address <u>Laboratory Corporation of America</u> <u>PO Box 12140</u> <u>Burlington</u> <u>NC</u> <u>27216-2140</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$59.75</u>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) 22-40856-btr

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div>	Nonpriority creditor's name and mailing address <u>Libertas</u> <u>411 W. Putnam Ave., Suite 220</u> <u>Greenwich</u> <u>CT</u> <u>06380</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$163,529.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div>	Nonpriority creditor's name and mailing address <u>Lost Pines Mobile Imaging</u> <u>4337 Lindbergh Drive</u> <u>Addison</u> <u>TX</u> <u>75001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,550.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div>	Nonpriority creditor's name and mailing address <u>McKesson Medical-Surgical</u> <u>PO Box 933027</u> <u>Atlanta</u> <u>GA</u> <u>31193</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$156.75</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div>	Nonpriority creditor's name and mailing address <u>McKesson Medical-Surgical</u> <u>PO Box 933027</u> <u>Atlanta</u> <u>GA</u> <u>31193</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,803.71</u>

Debtor **R2R Palliative and Hospice Care, LLC**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div>	Nonpriority creditor's name and mailing address McKesson Medical-Surgical PO Box 933027 Atlanta GA 31193 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,765.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div>	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept. 1080 PO Box 121080 Dallas TX 75312 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,718.33
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div>	Nonpriority creditor's name and mailing address Michael Care Continuum 701 Dalworth Street Grand Prairie TX 75050 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div>	Nonpriority creditor's name and mailing address Neil Felder PO Box 543033 Dallas TX 75354 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Landlord	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div>	Nonpriority creditor's name and mailing address <u>O A Global</u> <u>17350 State Highway 249</u> <u>Suite 220 #3051</u> <u>Houston TX 77064</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$55,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div>	Nonpriority creditor's name and mailing address <u>Oberheiden, P.C.</u> <u>Attn: Elizabeth Stepp</u> <u>5728 LBJ Freeway, Suite 250</u> <u>Dallas TX 75240</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div>	Nonpriority creditor's name and mailing address <u>Palmetto</u> <u>61 Forsyth Street, S.W., Suite 4T20</u> <u>Atlanta GA 30303-8909</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$564,570.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div>	Nonpriority creditor's name and mailing address <u>Pinnacle Quality Insight</u> <u>7440 S. Creed Rd., Suite 300</u> <u>Sandy UT 84093</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$220.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div>	Nonpriority creditor's name and mailing address <u>Rapid Finance</u> <u>4500 East West Highway, 6th Floor</u> <u>Bethesda</u> <u>MD</u> <u>20814</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$148,207.53</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div>	Nonpriority creditor's name and mailing address <u>Relias LLC</u> <u>PO Box 74008620</u> <u>Chicago</u> <u>IL</u> <u>60674</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,702.05</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div>	Nonpriority creditor's name and mailing address <u>RMS - UK</u> <u>179-181 Streatham Road</u> <u>Mitcham, Surrey, CR42AG</u> <u>United Kingdom</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,614,789.41</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div>	Nonpriority creditor's name and mailing address <u>Shred America</u> <u>3831 FM 2181, Suite 103</u> <u>Corinth</u> <u>TX</u> <u>76210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$280.80</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div>	Nonpriority creditor's name and mailing address <u>Spectrum</u> <u>One Time Warner Center-North Tower</u> <u>New York</u> <u>NY</u> <u>10019</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$557.91</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div>	Nonpriority creditor's name and mailing address <u>Staples Credit Card</u> <u>PO Box 6403</u> <u>Sioux Falls</u> <u>SD</u> <u>57117</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$453.87</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div>	Nonpriority creditor's name and mailing address <u>Supreme Care</u> <u>9 Crown Parade</u> <u>Crown Lane</u> <u>Morden, SM45DA</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div>	Nonpriority creditor's name and mailing address <u>T-Mobile</u> <u>P O Box 790047</u> <u>Saint Louis</u> <u>MO</u> <u>63179-0047</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300.00</u>

Debtor **R2R Palliative and Hospice Care, LLC**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div>	Nonpriority creditor's name and mailing address UBEO PO Box 791070 San Antonio TX 78279 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.46
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div>	Nonpriority creditor's name and mailing address United Cooperative Services PO Box 961079 Fort Worth TX 76161-0079 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div>	Nonpriority creditor's name and mailing address WELLSKY PO Box 207613 Dallas TX 75320 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,175.79
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div>	Nonpriority creditor's name and mailing address Your Therapy Source, LLC PO Box 93552 Southlake TX 76092 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,883.66

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) 22-40856-btr

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Charter Communications 1265 John Q Hammons 100 Madison WI 53717-1936	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.2	Chase Bank 18320 Preston Road Dallas TX 75252	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.3	Chase Credit Card Business 	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _
4.4	D&L Accountancy Services 9a Reeds Farm Estate, Roxwell Road Writtle, Chelmsford, Essex CM1 3ST UK	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) 22-40856-btr

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	<div>\$39,846.73</div>
5b. Total claims from Part 2	5b. +	<div>\$3,028,027.66</div>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div>\$3,067,874.39</div>

Fill in this information to identify the case and this filing:

Debtor Name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 22-40856-btr

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/02/2022
MM / DD / YYYY

X /s/ Effie Smillie
Signature of individual signing on behalf of debtor

Effie Smillie
Printed name

Owner
Position or relationship to debtor